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FATAL CASE OF PERFORATION OF THE DUODENUM.

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T. R. æt. 50 years, of strongly marked bilious temperament, energetically active in the prosecution of an extensive business, regular and temperate in his habits, and possessing robust, general health, was attacked suddenly, at 11 o'clock, A. M., June 15th, 1843, while sitting in a meeting for worship, with pain in the epigastric abdominal region of the most intense severity. He had complained for several hours previously of a heavy pain in the right hypochondrium, hard to bear, but not in his estimation sufficiently important to detain him at home. The same had occurred at several different times during the preceding week, which, after lasting a longer or shorter time, had gone off, leaving little or no inconvenience behind. Six weeks previously he had a chill, followed by fever, which confined him but for a day or two. His appetite was good, sleep natural, digestion, assimilation, and other functions healthy; intestinal, urinary, and other secretions perfectly regular, and his whole health, with the above noted exceptions, had been perfectly good up to the moment of attack. I happened to be present, and being called upon, accompanied him home. His pulse was entirely unaffected, his tongue clean and moist, with a skin soft and natural, but which soon became bedewed with copious perspiration, from the intensity of his suffering. His stomach was calm, and he had had a free alvine discharge since breakfast. There existed reducible inguinal hernia of the left side; which was found upon examination entirely free from soreness and pain. In addition to the abdominal pain he complained much of a sense of stricture across the shoulders, extending from before backwards, such as would result from a hard cord drawn tightly across, causing an intensity of suffering, but little less in degree than the abdominal pain. To mitigate the extreme severity of the agonizing pain under which he was suffering, was to my mind the first indication, and one that called imperatively for prompt and decisive action. To effect this object, and with a view at the same time to speedily unload the bowels, I directed full doses of opium, combined with calomel and aided by stimulating enemata. A large sinapism was applied to the abdomen, and blood freely drawn from the arm.

Failing by these measures to afford the desired relief, the injections having in every instance returned without bringing away any fœcal matter, I had him immersed in a warm bath, with only temporary relief. Blood was again drawn freely from the arm, and calomel and opium, in divided doses, alternated with castor oil and sp. terebrinth. directed to be given every two hours until the bowels should be moved, together with fomentations to the abdomen to be steadily and perseveringly applied. Upon taking the third dose of oil his stomach revolted, it was consequently discontinued, and infusion of senna substituted, which, with 2 grs. of calomel, were directed to be continued every two hours, until the desired effect should be produced.

Twelve hours had now elapsed from the time of attack; the pain was mitigated but not subdued; on the contrary, it continued in a degree eminently distressing; the bowels had not yet responded to the measures used for the evacuation of their contents, the epigastric and hypochondriac regions, (particularly the right,) at this time had become in a high degree sensitive to pressure, the sensation produced being, as he expressed it, peculiar and indescribable, but not strictly painful: there being manifest disposition to sleep, I left him for the night, and saw him again at 5 o'clock on the following morning. He had passed much of the night in a state of disturbed sleep, and was still dosing. Not yet was there any improvement in his condition, bowels still unmoved, the pulse had become irritated and accelerated in frequency. Directed a continuance of the treatment, with repetition of the warm bath, I gave a drop of croton oil, to be repeated in an hour should it not have operated, and left him until 9 o'clock, A. M. when I again saw him, and learned there had been a free discharge of blood from the hæmorrhoidal veins accompanying the return of an injection, but without the slightest relief to the symptoms; directed a steady continuance of the treatment till noon, substituting an emollient poultice over the whole abdomen in place of the fomentations, and then, should relief not have been procured, six dozen leeches to be applied to the abdomen. The abdominal sensibility had become increased in acuteness without extending much beyond its former limits; still the sensation produced upon the slightest touch, although unbearable was not that of *pain*, but, in his own words, "a sort of indescribable tickling of the whole insides." His respiration had now a marked character of abruptness. The tongue was still clean and natural, as was also the state of the skin over the whole body. Thirst, which hitherto had not been remarkably urgent, became now incessant, calling for small quantities of liquid. The stomach was still unaffected, with nausea, extreme restlessness, demanded an almost incessant change of posture; the position generally assumed was on the back, slightly inclining to one or the other side, with the head and shoulders elevated to an angle with the horizon of about 30 or 35 degrees.

8 o'clock, P. M. The leeching has not procured for him the slightest relief, but the operation having occupied a long time, has induced a good deal of exhaustion. The bowels still continue obstinately unmoved, and although the pain is not so agonizing as at the beginning, it is still harrasing in no ordinary degree; in short the whole condition of the man is one of unmitigated, indescribable wretchedness. From this time till the hour of his death, which event occurred at 7 o'clock next morning, 44 hours from the time the attack began, was occupied in persevering endeavours to quiet irritation, combat the advancing evidences of inflammation, and procure alvine discharges; but it was all to no purpose, the

bowels remaining obstinately closed until the last, not giving issue even to the discharge of gas, until within a very short time of death, when a free discharge of flatus took place. His stomach became sick about four hours before death, from which time he threw up at intervals small quantities of bile-tinged liquid. His mental manifestations were unclouded, and calm throughout the whole period, excepting a few slightly delirious expressions, while in a half sleeping state, when under the influence of opium.

Autopsy, eight hours after death, aided by my friend, Doctor William E. Haines. Present, Drs. Joseph Wilson and A. E. Small.

The exterior of the body presented no marks worthy of particular note. The abdomen, somewhat distended, was more resisting than is usual. Upon cutting into the peritoneal sac there was a rush of gas; its cavity was found to contain a large amount of serous liquid tinged with bile, bearing a close resemblance to the liquid voided from his stomach during the last few hours of life; and, in the more depending parts a heavier matter, of a muco-purulent consistence and appearance. Recently formed imperfect adhesions existed between the abdominal walls and viscera, in the right hypochondriac and contiguous portion of the epigastric region, where the evidences of the highest degree of the inflammatory action were met with. From this point it appeared to have spread as from a centre, and extended itself over the diaphragm, liver, stomach, spleen, and transverse colon—the omentum partaking largely. The whole surface of the liver, spleen and diaphragm, were coated with a layer of purulent matter; the small intestines exhibited but slight traces of inflammatory action. In the progress of the examination it soon became obvious that there existed somewhere a perforation of the intestinal canal, the search for which was commenced at the colic extremity. Passing ligatures around the bowel, it was cautiously separated by the scalpel, and carefully examined throughout its entire length, until, arriving at the duodenum, it was divided and removed. No evidences of disease deserving notice were discovered in any part of the removed portion, consisting of jegunum, ileum, and colon. At this stage of the dissection, happening to notice that the gall-bladder was greatly distended, I passed my finger under its duct, and at the same time making pressure upon its surface, there was an immediate escape of some bilious liquid into the cavity of the belly, which led at once to the discovery of the perforation. This was of a circular form, with clean, even edges, (as though it had been made by a shoemaker's punch,) about as large as a medium sized goose quill. Passing through the coats of the bowel near the entrance of the gall duct, it occupied a position on its concave or left side, about one and a half inches below the pylorus. Passing a ligature around the œsophagus, the stomach and duodenum were removed for closer inspection; laying them open from end to end, the perforation was found to have resulted from ulceration, which. judging from its appearances, was supposed to have occupied a long time in its accomplishment. Through the mucous and muscular coats it was about five-eighths of an inch in diameter, with clean, callous edges, rounded, and much thickened by interstitial deposition—the thickening extending but a little beyond the circumference of the ulcer. The internal coat of the stomach, as well as of the bowels, was apparently perfectly healthy, except only at the seat of ulceration, and for a few lines immediately around it. The gall-bladder was full to repletion, of a very thick, *black*, semi-liquid substance, which appeared to be bile mixed with venous blood. The colon contained a quantity of liquid fæces; and in the small intestines a single lumbricus was found.

Dr. Papavoin found that of 532 female children examined at the Hopital des Enfans Malades, Paris, 338, or about two-thirds, had tubercles in the lungs, &c.; while of 387 males, tubercles were found in only 210, or little more than half the number.

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BIBLIOGRAPHICAL NOTICES.

Austria; its Literary, Scientific, and Medical Institutions, with Notes upon the Present State of Science, and Guide to the Hospitals and Sanatory Establishments of Vienna. By W. R. Wilde, M. R. I. A., Licentiate of the Royal College of Surgeons, Ireland, &c., &c. Dublin, London, and Edinburgh: 1843. 8vo. pp. 325.

Mr. Wilde has written an instructive and entertaining book; one that was much wanted, and which no one better than himself could undertake and accomplish. His experience as a traveller, united to his powers of observation, and great readiness of mind, fit him peculiarly well for a work of this kind. The school of Vienna is fast rising into notice, and will, we venture to predict, in a few years, supplant that of Paris, as the latter has superseded that of Edinburgh. No where are the opportunities for clinical instruction approached to the degree that they may be enjoyed in Vienna; and the Professors are all men of high attainments and great industry. The want of a suitable Hand-Book is much felt in the Austrian capital by the stranger, for no good guides existed in any language before the present publication, and the difficulties of obtaining accurate information on any subject connected with the condition of the state cannot be understood except by those who have undergone the inconvenience. The introduction of foreign works is almost prohibited; all the native publications have the awe of the censorship before them, and if the traveller openly avows that the object of his visit is information, every obstacle will be thrown in his way.

The first part of Mr. Wilde's book is occupied with a description of the school system of Austria, which is, as a whole, so admirable. The founder of the present system of national education was the celebrated Van Swieten, the physician to the Empress Maria Theresa. Education is compulsory, and the laws against ignorance are so severe, and so strictly enforced, that few are disposed to subject themselves to their action. Religious instruction is an integral part of the system. The Roman Catholic is the established religion, but dissenters, as well as Jews, partake equally of the benefits of the schools, without being obliged to assist in the religious exercises, they arriving and departing an hour sooner or later.

That part of the book which treats of the School of Medicine is the one of which we propose here to give our readers some acount.

The medical faculty consists, besides the municipal officers, of sixteen ordinary and nine extraordinary professors, besides numerous adjuncts. The course is as follows:—

	COURSE.	SUBJECT.	PROFESSOR.	HOUR.	FREQUENCY IN THE WEEK.
First Year.	First Semester.	Introduction to the Medical Studies and Mineralogy	Dr. C. Fischer.	10—11	5 times.
		Anatomy	Dr. Joseph Berres.	9—10	do.
		Zoology	Dr. C. Fischer.	10—11	do.
		Botany	Dr. S. Endlicher.	7½—8½	do.
	Second Semester.	Anatomy	Dr. Joseph Berres.	9—10	do.
		Anatomical Dissections			
Second Year.	First Semester.	Anatomy and Physiology (in Latin)	Dr. J. Czermak.	10—11	do.
		General Chemistry	Dr. Ad. Pleischl.	11—1	do.
	Second Semester.	Anatomy and Physiology	Dr. J. Czermak.	10—11	do.
		Pharmacy	Dr. Ad. Pleischl.	11—1	do.
Third Year.	First Semester.	General Pathology and Etiology (in Latin)	Dr. S. Töltenyi.	3—4	Daily.
		Materia Medica et Chirurgica, Therapea, Diatetic, and the Art of Prescribing (in Latin)	Dr. S. Töltenyi.	8—9 & 3—4	do.
		Theory of Midwifery (in the Krankenhaus)	Dr. John Klein.	12—1	5 times.
	Second Semester.	Contagious Diseases of Animals,—in Veterinerary Institute	Dr. Ant. Hayne.	5¼—6¼	3 times.
Fourth Year.	First Semester.	Medical Clinique (in the Krankenhaus)	Dr. Hildenbrand.	8—9	Daily.
		Special Therapea for Internal Diseases	do.	9—10	5 times.
		Surgical Clinique	Dr. Wattmann.	10—11	Daily.
		Surgical Operations	do.	11—12	5 times.
	Second Semester.	Medical Clinique	Dr. Hildenbrand.	11—12	do.
		Therapea, as above	do.	9—10	do.
		Surgical Clinique	Dr. Wattmann.	10—11	Daily.
		Special Surgical Pathology	do.	11—12	5 times.
Fifth Year.	First Semester.	Medical Clinique	Dr. Hildenbrand.	8—9	Daily.
		Special Therapea for Internal Diseases	do.	9—10	5 times.
		Ophthalmic Clinique	Dr. Rosas.	10—11	Daily.
		Ophthalmic Science	do.	11—12	5 times.
		Legal Medicine	Dr. Joseph Brent.	12—1	do.
		Exercise in Judiciary Dissections	do.		
	Second Semester.	Medical Clinique	Dr. Hildenbrand.	8—9	Daily.
		Special Therapea for Internal Diseases	do.	9—10	5 times.
		Ophthalmic Clinique	Dr. Rosas.	10—11	Daily.
		Ophthalmic Surgery	do.	11—12	5 times.
		Medical Police	Dr. Joseph Brent.	7—8	do.
		Judiciary Dissections	do.		

The term of study is five years, and none are permitted to undertake it who have not first class certificates for the final examination of their philosophical studies.

"Students wishing to take out the degree of doctor of surgery are obliged, in addition to this course, to attend the surgical clinique, and the lectures upon the practice of surgery, during the fifth year: but as these lectures take place at the same hour as the ophthalmic clinique, those pupils are compelled to attend the latter in the next ensuing season, that is, the first semester of the sixth year. Those who wish to take out a special diploma, as *Augenarzt*, are obliged to repeat the second semester of the ophthalmic course; and those who wish to become master-accoucheurs are required to attend for two additional months in the obstetric clinique, and also to undergo an especial examination."

The course, as it will appear, is extensive, and well-arranged, and the student is obliged to adhere strictly to the prescribed routine. At the end of each semester, the students are examined by both the clinical and special professors, before they are permitted to pass to a higher grade. Anatomy does not command at Vienna the same attention as at Paris or Berlin. The celebrated Berres is the Professor. Physiology is very imperfectly studied, both the religion of the country, and the censorship frowning upon it.

The clinical school of Vienna has long been celebrated, and is at present the most renowned in Europe. It consists of four schools—the medical clinic for physicians; the medical clinic for surgeons; and the surgical and ophthalmic clinics. Mr. Wilde thus describes the medical clinic:—

"The medical clinique for physicians is held from eight to ten o'clock, on five days in the week, in a distinct building of the *Krankenhaus*, which faces the entrance into the first great quadrangle; it consists of a male and female ward, containing together twenty-eight beds, with an average reception of from two hundred and eighty to three hundred patients annually; these patients always consist of the most interesting and instructive cases selected from the general wards of the hospital by the professor's assistant, who, on a vacancy occurring in the clinique, has the privilege of removing into it any patient he chooses—each new case is immediately delivered into the hands of a pupil, taken in rotation, and styled the *Ordinarius*, who carefully notes the symptoms, and all the phenomena of disease then presenting, and who prescribes, under the superintendence of the assistant, any medicine that may be immediately necessary. On the next visit of the professor, the *Ordinarius* examines the patient in the presence of the class, inquiring minutely into the origin and history of the case—the state of the functions, secretions and excretions, and details the presenting appearances, &c. &c.—the pupil is then questioned by the professor on any point in the examination he may have omitted, and is required to give his opinion on the prognosis and diagnosis, and finally to prescribe the medicine and dietetics—all which are corrected, if necessary, by the professor, who then makes some observations on the general character of the disease, and the peculiarities of each individual case, and defines the line of treatment to be pursued. The pupil then prepares a concise written report of the case in Latin, in which tongue nearly all bedside communications between the professors and the students are conducted in Vienna;—on each subsequent visit the pupil describes the changes that have taken place in the interim, the effect of the medicines, and the state of the functions. Moreover, a tablet of tolerable dimensions is hung over each bed, specifying not only the disease, name, age, sex, and nativity of the patient, but also the medicines, diet, and regimen, the state of the pulse, the temperature, and the secretions. This judicious arrangement not only makes known to the class the precise condition of each case, but saves the patient the annoyance and injury of that continued questioning by the students, practised in other hospitals, particularly in this country."

The student cannot exercise his pleasure at what period he will attend any particular clinic, for he is not permitted to enter upon this practical branch until the fourth year of his couse, when he is fully grounded in all the elementary branches. By the course here pursued, the mind of the student is properly trained—he is systematically educated to observe disease, and, at the same time, exercise his reason and judgment, and that under competent teachers.

The chief drawback to this system is the crowded state of the clinics—three hundred students sometimes attending.

The surgery-practice is very simple, the Vienna surgeons rarely gaining a reputation at the expense of hecatombs of patients.

"Associated with the surgical clinique, is the Operators' Institute, *Das K. K. Chirurgische Operators Institut*, established by the late emperor in 1807, chiefly at the instigation of Kern.

"This is one of the most valuable institutions connected with medicine in Austria. Its object is, to educate as operators a certain number of physicians and surgeons. They are fourteen in number, have apartments in the hospital, and are supported by the state for two years, the full period required for their studies. Each of the three grades of the profession are eligible to fill these places, but they must be either doctors of medicine, doctors of surgery, or *Wundärzte*. If the former, they are required to undergo a special surgical examination, and if the latter (or patrons of surgery,) they must previously take out the degree of master surgeon (*Magister der Chirurgie.*)

"The privilege of sending pupils to this school is not confined to the Vienna University, but a certain number are sent from each of the universities yearly: the candidates are first recommended by the surgical professor, and then make a *concours* in their own university, the subject of examination being topographical or regional anatomy. The election takes place on the 8th of February, and the person elected must sign a bond, promising to remain in the Austrian states. During the first year they operate on the dead body only, and at the end of this period they undergo a public examination, when, if found proficient, they are permitted to operate on the living subject: they also receive private instruction from Professor Wattmann: and the operations of the surgical clinique, with some rare exceptions, are performed by these young men.

"Many years before the establishment of this institution, which is now connected with the university, a similar one existed in the Josephinum Academy for military surgeons. Professor Rosas instructs two of these gentlemen gratis at each of his private courses.

"At the expiration of their two years' study they receive a special diploma as *Operateurs*, and, for the most part, return to their particular provinces, where they are required to serve the state gratuitously for some time; this time is, however, seldom of long duration, for they are very soon advanced to some place of trust and emolument—indeed there are many situations under the medical government of the country that can be filled only by these persons.

"MEMBERS OF THE OPERATORS' INSTITUTE.

Lower Austria	52
Upper Austria	8
Styria	17
Bohemia	12
Moravia	3
Carinthia	1
Carniola	1
Illyria and Coastland	4
The Tyrol	3
Gallicia	6
Venetian States	15
Lombardy States	16
Hungary	7
Transylvania	5
	150
Russia	2
	152*

"One hundred and seventy-four physicians and surgeons have been educated as *Operateurs* at this institute since its commencement, twenty-two of whom have since died; the remaining one hundred and fifty-two are distributed throughout the Austrian provinces, as in the foregoing return."

The great attraction at Vienna, however, is the Ophthalmic Clinic. Although Joseph Barth is generally claimed as the founder of the Ophthalmic School, the true founder was Nicolas Joseph Pallucci, an Italian, who, in 1745, was brought to Vienna from Florence, by Van Swieten. He depressed, but never extracted for cataract. He was the first who removed with a forceps an opaque capsule, through an opening in the cornea; an operation which Professor Jäger now frequently performs, using a hook instead of a forceps. The present Professor is Dr. Anton Edlen von Rosas, a Hungarian, who holds a daily clinic from ten to twelve o'clock. The clinic consists of

"A male and female ward, with twenty beds, most admirably fitted up for the comfort of persons labouring under diseases of the eyes; the beds, constructed on the principle of those for fractures, and made to raise in the upper half, are furnished with curtains, the walls and fixtures painted green, and the windows so arranged as to modify the light. To prevent the chance of contagion from the indiscriminate use of the sponges and napkins, or the vessels, each ward is supplied with a small cistern, placed against the wall, about five feet from the ground, with a siphon-shaped tube attached; on turning the cock of this, a *jet* of luke-warm water plays to the height of about eight inches. To this each patient who requires ablution applies his eyes, and thus, without the fear of infection, syringes the organs in the most gentle and agreeable manner. It is an apparatus that the eye wards of every hospital should be supplied with.

"The annual average number of patients treated in this department is about one hundred and fifty, all interesting cases chosen by the professor's assistant from the general wards of the hospital."

"The business of this clinique is conducted on much the same principle as the other departments; perhaps it may be a little more methodical. The professor, the patient, and the *Ordinarius*, or attending pupil, occupy the interior of the theatre; the latter then proceeds with the examination of the case, detailing first the objective and then the subjective symptoms, the diagnosis, and the therapea. Great pains are taken by Professor Rosas to instruct his pupils in the general constitutional treatment of the patients;—an advantage which this school possesses beyond any other in Europe, except the London opthalmic hospital in Moorefields. The treatment pursued by Dr. Rosas, in the generality of cases, is very similar to that adopted with such marked success at the latter institution, and already made known to the world by the work of my friend and preceptor, Mr. Tyrrell. Under this system, the eye-disease is in so many instances regarded but as an index to the state of general constitutional derangement, and the organ itself treated as a delicate portion of the human frame, and not a mere chemical preparation, to be altered and acted on by the different salts and compounds applied to it, as is now too much the fashion in Great Britain.

"Immediately before each operation, the attendant pupil reads to the class a Latin dissertation upon the case, its history, the objects of the operation, and the probable result. This, at least, is pure clinical instruction.

"After the ordinary duties of the clinique are ended, the professor visits those patients unable to be removed from their wards, where the most valuable information may be gleaned from his observations.

"Dr. Rosas delivers a course of systematic lectures on the diseases of the eye, on two days of the week, and his work, 'The Handbook of the Theory and Practice of Eye-surgery,' is one of the modern works upon that subject most generally read in Germany. Strangers are always admitted free of expense into this as well as the other public cliniques of the *Krankenhaus*.

"Rosas is a dexterous and steady operator. In his extraction the patient is seated on a low stool, with the head placed obliquely to the light, and resting against the breast of an assistant, who raises the upper lid, while the operator depresses the lower with the middle and forefingers in the usual manner. He makes the downward section with a knife somewhat different from that of Beer, as originally used by him, and figured in his work in 1830. This knife is much shorter in the blade than Beer's, its posterior edge (or back) is also sharp and slightly convex. Holding it between the thumb, and the index and middle fingers, the ring finger bent unto the hollow of the hand, and the little one resting on the cheek bone, he introduces the point at a right angle with the cornea, (to prevent its catching in its layers,) a little above the transverse axis of the eye, and having entered the anterior chamber, he alters the position of the instrument by depressing its handle towards the temporal fossa, and thus brings the surface of the blade on the same plane with that of the iris. Having passed it rapidly through the chamber, and made the counter punctuation, so that a full quarter of an inch of the point has passed through the inner margin of

*"Twenty-nine of these are at present, or have been professors."

the cornea, he then *draws* it slowly downwards, and slightly outwards, and so completes the section. If the case is one of double cataract, he makes the corneal section, and concludes the operation in the second eye before he extracts the lens of the first. He opens the capsule with a Langenbeck's needle, sharpened on its concave edge, and extracts the lens by gently pressing on the upper portion of the cornea with the flat of the needle.

"The object aimed at in having the back of the knife curved is, to give it shortness as well as breadth, and thus avoid pricking the side of the nose; and its posterior sharp edge is to permit of its cutting upwards as well as downwards, and thus not only pass through the cornea with greater facility, but also to enable the operator to extend the incision upwards if the original punctuation is too low. Another reason assigned by the inventor of this knife is, that its blade by being sharp at both sides, and forming in its section a compressed ellipse, permits less escape of the aqueous fluid in passing through the chamber, than the ordinary instrument.

"In this manner, Rosas operates with the most marked success; but in other hands, especially beginners, his method and instruments are open to many objections. The insertion of the knife at right angles with the cornea, is very liable to transfix the iris, and by twisting the cornea itself, renders its further insertion less smooth and easy, and its cutting back endangers both sclerotic and iris, especially in turning its lower edge outward when completing the incision; and when the iris happens to roll over the back of the knife, it cannot be pressed off with the same facility as when the posterior part is blunt; should the point of the knife get entangled in the iris, he withdraws it, and reintroduces it in another place; if the corneal opening is too small, he enlarges it with a Daviel's scissors.

"The operations of depressions and reclination are much more common in the Viennese school than in England. In this clinique these, as well as the operation for solution, are performed *per scloroticum*. In artificial pupil, Rosas generally adopts the methods of Beer and Langenbeck, but removes the portion of iris drawn through the wound.

"Professor Rosas gives a course of private instruction in operating, which, being the same as that of Jäger, will be described hereafter."

Auscultation and Pathological Anatomy are at present much attended to at Vienna. Dr. Skoda's private clinic is the best school for auscultation in the world. Skoda is an admirable auscultator, and takes great pains as a teacher. He considers all mere shades of difference in respiratory sounds as of little diagnostic value, and abolishes the names of all these embarrassing minutiæ. His divisions of the respiratory sounds are—1. Vesicular Respiration. 2. Bronchial Respiration. 3. Indeterminate Respiratory Sounds. 4. Amphoric and Metallic echoes. His divisions of the sounds of the voice are:—1. Strong Bronchophony, or the resonance of the voice, accompanied by a concussion of the ear—the voice which penetrates the stethoscope completely. 2. Weak Bronchophony, or that without, or with imperceptible, concussion of the ear. 3. The indistinct buzzing, and absence of all sound. 4. The Amphoric Echo. Instead of adopting the usual explanation of bronchophony, viz.—the dense substance of the lungs being a better conductor of sound—he explains it by consonance—namely—that the walls of the bronchial tubes being made firmer by the surrounding condensed pulmonary tissue, reflect the sound, and thus the air in the bronchial tubes vibrate in consonance with that in the larynx.

The present school of Pathological Anatomy, under the celebrated Rokitansky, has of late acquired much notoriety. The Professor, with his assistants, daily visit the dead house, and examine the majority of the bodies of those who have died of any interesting affection—from four to six bodies are opened every day—and the morbid appearances are demonstrated to the class. Rokitansky does not engage in the study or treatment of disease. Though an unrivalled pathological anatomist, he is, in reality, no pathologist, and as all his deductions are drawn from mere cadaveric appearances, his opinions on disease should always be received with great reserve. We hazard this little caution in this place, because Rokitansky's reputation is a rapidly growing one, and, as authority is every thing now-a-days in medicine, in a few years we shall not be surprised if the most astounding theories become the vogue, solely because they emanate from the fashionable Vienna Professor. His late theory on Typhus is a specimen of what we may anticipate from a man whose studies are thus exclusive. This pure objective method we cannot think calculated to advance medicine either as a science or an art. As Rokitansky is the acknowledged head of the young Viennese school, and as he is a man of great abilities, as well as a clear and attractive writer, his influence is by no means limited.

Pathological and Surgical Observations on the Diseases of the Joints. By Sir Benjamin C. Brodie, Bart., F. R. S., Sergeant-Surgeon to the King, [Queen ?] Surgeon to St. George's Hospital, &c., &c. From the Fourth London Edition, with the Author's Alterations and Additions. Philadelphia: Lea & Blanchard. 1843. 8vo. pp. 216.

It is hardly necessary for us to do more than simply announce the republication of this excellent work of Sir Benjamin Brodie. Its great reputation is perfectly familiar to the surgical student, and it is now placed within his reach in a very neat and readable form. The work has already passed through four editions, and to all the later ones much new matter has been added. Thus several forms of disease are described which are not included in the earlier editions; the descriptions of others have been enlarged; and much that is important and useful with regard to the relief and cure of these affections, which an extended experience dictated, has been suggested. One remark of the author in his preface strikes us as highly important, coming from one whose experience is so ample, and embodying a doctrine but still too much overlooked.

"As I have become more versed in the practical duties of my profession, so I have become more convinced that local diseases, in the strict sense of the term, are of comparatively rare occurrence; and that those which are usually regarded as being of this description may, for the most part, be traced to a morbid condition of the general system. The local treatment of the diseases of the joints, which I now recommend, is even more simple than that which I recommended formerly; but it is quite otherwise with respect to those remedies which operate through the medium of the constitution. Experience has not only confirmed me in the opinion that remedies of this class may often be employed with great advan-

tage to the patient, but has also taught me that there are few cases in which a cure can be obtained without them." *Preface*, p. vi.

The minute morbid appearances of carious joints are, we think, too hastily passed over; no mention is made of the tubercular deposit almost universal in this disease, and so admirably described by M. Nelaton and other French pathologists. Notwithstanding this and some other omissions, the work is the best that exists in any language, and one whose perusal and study will always reward.

A Treatise on Protracted Indigestion and its Consequences; being the application to the Practical Department of Medicine of the Results of an Inquiry into the Laws of the Vital Functions: Addressed by the Author on his Retirement from the Medical Profession, both to the Members of that Profession, and to the well-educated Public, particularly Parents. By A. P. W. Philip, M. D., F. R. S. London and Edinburgh, &c. &c. Philadelphia: Lea & Blanchard. 1843. 8vo. pp. 240.

This Valedictory Address of Dr. Wilson Philip is addressed chiefly to the public, for what reason we cannot conceive, unless the author shared our conviction that but few of his medical brethren would be tempted to read it, and still fewer would be able to comprehend it. The work is a *rechauffé* of old errors, and exploded notions very clumsily thrown together, with an utter contempt of any thing like order or method. The author's complacency is in the highest degree amusing, and the manner in which he attempts to correct the "physiological errors" of the profession displays a most disinterested spirit. Dr. Philip's ingenuousness does not allow him, however, to mention the fate of his own physiological investigations and their results. He makes no mention of their refutation by Müller, Diekhof, Breschet and Edwards, and the entire disproval of the hasty theories he so unphilosophically framed, and which he reiterates *pro bono publico* in the present publication. All fellow labourers in physiological inquiry our author never deigns to mention, doubtless from the fear of perplexing the minds of those for whom the work is especially destined. The treatise on Indigestion is served up in the second part, somewhat altered, but little amended. Eulogies on minute doses of calomel, and the tonic properties of kreosote are the staple of this part of the volume, with a section or two on distended liver, a disease which we are disposed to consider as the last pathological novelty, and which we almost fear our dulness will not permit us to recognise through Dr. Philip's description.

Nearly one-half of the volume is occupied by a republication of the author's memoirs presented to the Royal Society.

Practical Remarks on Gout, Rheumatic Fever, and Chronic Rheumatism of the Joints, &c.

BY DR. TODD.

The sebaceous glands are not so numerous [as the sudoriferous ones;] they are most abundant in the vicinity of hairs. Their form is that of smal vesicular bags, which open by minute orifices into l hair follicle, or quite close to one. When sebace oa matter is suffered to accumulate in these glands, a peculiar disease of the skin is induced, called *acne*, which often shows itself on the face, nose, or forehead, and very frequently on the back. In a simple form the accumulations are denoted by numerous black points, produced by particles of dust being entangled in the sebaceous matter, which chokes the orifices of the glands. The skin around them will often inflame, and angry pustules result.

Nothing favours the excretion of this sebaceous matter so much as cleanliness and friction. If any arguments were wanting to enforce the propriety of adopting means for these purposes, it is derived from the curious, and in some measure humiliating, fact lately discovered by Dr. Simon of Berlin, that these glands are the habitat of a parasitic insect, which has been called the *entozoon folliculorum*. This creature is of considerable size, and may exist alone, or in clusters of several, in a single gland. In the perfectly healthy state they are few in number; but when sebaceous matter, their proper food, is suffered to accumulate, they abound. Through the kindness of my friend, Mr. Erasmus Wilson, who has lately read a paper to the Royal Society on their structure and habits, I have been enabled to see the insect alive and had a favourable opportunity of watching its movements, as well as carefully observing its form and structure. Cleanliness and friction remove sebaceous matter, and, therefore, oppose the accumulation of those insects; and the local application of a solution of corrosive sublimate is often very beneficial in removing the points of *acne*, which result from the retention of the sebaceous secretion."—*Lond. Med. Gaz.*

WENZEL THE OCULIST.

This tradition is current in Vienna:—A lady attached to the court of the empress, becoming blind, was pronounced amaurotic by the medical man called in; her malady continuing to increase, the Baron Wenzel was sent for, and he at once declared it to be cataract, and operated on it with success. So amazed was Maria Theresa at this display of Austrian surgery, that she forthwith established a special lectureship of ophthalmology, and Barth was the first that filled the chair in 1773; and in 1776 he was appointed oculist to Joseph II. He was a most expert extractor, and there are still several who have witnessed his operations—the invention and use of Beer's knife (that now so generally adopted) is in a great measure due to him, for although his was longer in the blade, and somewhat broader towards the handle, yet it was upon an enlarged scale the same. The objections urged against it, of pricking the nose from the great length of its point, and not cutting itself out (as it is termed) with facility, is now obviated in that introduced by his pupil, Beer. His mode of operating was remarkable; he did not require an assistant, (and was, perhaps, the first oculist who did not,) but placing the patient standing in the corner of the room near a window, he opened the lids, and fixing the eye with one hand, he passed his knife through the cornea with the other, as is now so dexterously performed by Mr. Alexander; but, different from that very distinguished oculist, he stood before his patient. It is needless to add that he was ambidexter. He died in 1818; his portrait bespeaks him a man of noble and prepossessing appearance, and his ad captandum, but engaging manner and address, added to his acknowledged talents, procured him many admirers.—*Wilde's Austria.*

RETROSPECT OF THE MEDICAL SCIENCES.

Case of Popliteal Aneurism cured by Compression of the Femoral Artery. By EDWARD HUTTON, M.D. Surgeon to the Richmond Hospital.

Michael Duncan, æt. 30, a labourer of rather healthy appearance, but of intemperate habits, was admitted into the Richmond Hospital on the 3d of October, 1842. He stated that ten days previously, while suffering from cramp in the right leg, to which he had been subject for the last year, he, for the first time, discovered a tumour in his right ham, which was then equal in size to a hen's egg; in three days afterwards he observed some swelling in the foot and ankle, and felt pain along the outside of the leg. At the time of his admission into the hospital the tumour had somewhat increased in size, and was found to occupy the lower part of the popliteal space. It pulsated strongly, and when the femoral artery was compressed in the groin the tumor admitted of considerable collapse. The compression being removed, it again became extended, and the "purring thrill" attended the re-entrance of the blood into the aneurismal sac. The leg was somewhat swollen and its veins turgid, and he complained of prickling sensations in the limb. His pulse was 60 and regular, and his general health appeared unaffected. The nature of his case was explained to him, and the operation of tying the femoral artery proposed. To this he declined to submit in the first instance, and expressed a desire that other means might be tried. For three or four weeks he maintained the horizontal posture, and a compress and bandage was applied; but as the tumor gradually increased in size, and as he suffered pain from the pressure, this treatment was discontinued.

Nov. 1st.—The patient being still reluctant to undergo the operation, I resolved to try compression of the femoral artery, and I entertained some hope of success from being informed by Mr. Adams that the late Mr. Todd had succeeded in a similar case, of which no account has been published. Having at hand an instrument constructed for the suppression of secondary hæmorrhage, after ligature of the femoral artery, I applied it in this case. It was so contrived as to admit of pressure being made by a screw and pad upon the course of the femoral artery, and the counter-pressure upon the opposite surface of the limb, without interfering with the collateral circulation.

In the first instance the compression was made upon the femoral artery in the middle third of the thigh, and although it was effectual in compressing this vessel, it produced so much uneasiness that it could not be sustained, and after a few applications the apparatus was removed, and adapted to the upper part of the limb.

12th.—The femoral artery was compressed as it passes from the pelvis under Poupart's ligament, and the pressure maintained for more than four hours.

14th.—The tumor feels rather more solid; the purring thrill, before felt on the re-entrance of the blood into the sac, is no longer sensible; the pulsation as before.

18th.—No change in the tumor.

19th.—The circumference of the limb at the seat of the tumor is a quarter of an inch less than at the last measurement.

22d.—Duration of compression three hours; the pulsation returned after its removal.

24th.—Artery compressed six hours; same result.

25th.—He was unable to bear the application from soreness in the groin; he complained also of some pain in the tumor.

26th.—The compression was resumed, and continued for four hours; when the instrument was removed, the pulsation had ceased in the tumor, which felt solid, and was free from pain.

27th.—The pulsation had, in a slight degree, returned; compression applied for six hours.

28th.—No pulsation was now felt in the tumor. It had decreased in size, and was solid.

29th.—The compression was maintained six hours; no pulsation can be felt; compression applied for three hours.

Dec. 1st.—An artery, about the size of the temporal, is felt pulsating along the surface of the tumor, which is quite solid, much diminished in size, and is altogether free from pulsation. The use of the instrument was now discontinued. The femoral artery pulsates naturally.

On the 7th of December the temperature of the legs was examined at the calf.

Temperature of the aneurismal limb, 86° Fahrenheit; of sound limb, 90°.

	Aneur.	Sound limb.
Dec. 12th.—Temperature	88°	90°
" 20th. "	90°	91°
" 21st. "	91°	91°

On the 27th of December the tumor was reduced to the size of a small walnut, and felt very hard. He was this day discharged at his own request.

In six weeks he visited the hospital at my request. The tumor was about the size of a nutmeg, and solid. He had been at his usual employment.

Remarks.—Since this case occurred Dr. Cussack has treated with success, by similar means, a case of popliteal aneurism in Dr. Stevens' Hospital, and Dr. Bellingham another in St. Vincent's Hospital. It would appear that this plan of treatment has been too hastily abandoned by the profession, probably from the compression employed being so excessive as to render it quite insupportable to the patient. The least possible pressure which may be sufficient to close the vessel should be used, and when this cannot be sustained, it will prove of use to partially compress the artery, so as to lessen the impulse of the circulation. In cases where the aneurismal diathesis exists, this treatment would seem to be demanded before recourse should be had to an operation.—*Lond. Med. Gaz.*

DR. FRANCIS WILLIS, in a second edition of his "Treatise on Mental Derangement," states that in most recent cases of the disease, even the most outrageous, the patient requires *support* and not *reduction* of nutrition, the malady being caused, as he considers, by a weakness, not an over-tension of the nerves. He, however, advocates personal restraint, as both safe and merciful. He subdivides unsoundness of mind into three degrees; delirium, in which incoherent images and impressions pass uncontrollably over the mind; insanity, where the mind, though awake to present objects, is in a distorted position, from which it refuses to be moved; and derangement of mind—between the other two, though with difficulty distinguishable from the latter. He says little on the subject of monomania, and the responsibility attendant on the acts of those who are its supposed victims, but on this subject the following

remarks have been made by a commentator: Where we find that a disposition, originally suspicious, obstinate, reckless, and blood-thirsty, has from indulgence of its propensities, darkened down into the twilight of insanity, and incited a man to outrage and crime, we ought to be cautious how we allow the belief that the urgency of his passions had arisen to disease so as to *exculpate* him from all guilt. A boy was tried for the murder of a companion before a French tribunal. Having been indulged by his mother, from childhood, in every bad passion, he had become, at last, totally unable to restrain himself from acts of violence, and was acquitted on the score of insanity—a dangerous and unsound decision. Considering such "morbid impulse" as only an exasperation of the natural disposition, should not a prisoner thus placed be held amenable to society for a crime committed remotely, though not immediately, in consequence of *responsible* depravity. For a criminal who has, by indulgence, reduced himself to commit crime, is, in a manner, during his admitted sanity, accessory to his own crime; and although, in giving way to his passions, it was not his intention that they should result in acts of atrocity, yet, acting on the provisions of the criminal law, we may view the homicidal monomaniac as *a separate individual, prompted by his former self*, and, even admitting the absence of intention, justly to be held liable to the criminal law. Blackstone lays down that he who in any wise commands or counsels another to do an unlawful act, is accessory to all that ensues thereupon. Therefore the monomaniac, become criminal from indulgence, is an *accessory before the fact* to a crime afterwards perpetrated by himself—guilty in an equal degree with his principal, and punishable alike! This, however, is granting the supposition that he has lost the power of control over himself. But in an eloquent lecture at the Royal Institution on the 26th ult. the lecturer advanced that it was very rarely that in the insane the brain was found to be diseased in *every* part; and he adduced numerous instances to prove that in a majority of cases the patient was capable of exercising a control over his disposition, by abandoning the exercise of an organ; or a portion of the brain, that was phrenologically supposed to be unsound, for that of one which was, phrenologically, presumed to be sound. *Lancet.*

BLACK CATARACT.

At the Academy of Sciences, Paris, May 29, 1843. M. Magne forwarded the following case of this rare and curious disease:—

A female, above sixty years of age, had laboured under some affection of the eyes, for which she had consulted a great number of oculists. She was quite blind; the eyeballs were prominent; the sclerotica appeared to be thin; the iris well shaped, but perfectly immoveable; bottom of the pupil dark, as in the healthy state.

From these and other symptoms, the disease was supposed to be amaurosis; but a second examination of the patient was made in a darkened chamber, and with the aid of a candle, as recommended by M. Sanson. The deep-seated images were absent, and the author accordingly declared the case to be one of black cataract, with adhesion of the iris. The diagnosis having been confirmed by M. Cruveilhier, the lens on the right side was depressed, on the 25th of March, 1843. The adhesions of the iris were numerous; but as soon as the capsule was lacerated, the dark colour of the lens became evident, and, on depressing it, several black fragments were detached.

On the second day after the operation the pupil appeared to be less contracted, the base being quite dark, but on the following day it was closed by a white substance. M. Cruveilhier regarded this as the lens, which had come forwards, after having lost its dark colour in the vitreous humor. The operation was unsuccessful, and was, therefore, repeated in a fortnight; but the first touch of the needle showed that the body supposed to be the lens was, in reality, the capsule, which was extremely soft and elastic. A few shreds were removed with much difficulty, and the patient recovered but a very imperfect power of vision.—*Prov. Med. Journ.*

STATISTICS OF ANAL FISTULA.

During the five years from 1836 to 1840 inclusive, 119 patients were operated on at the Hôtel Dieu, Paris, for fistula in ano. Of these persons 110 left the hospital cured, and 9 (or 1 in 12) died. The mortality from the operation was progressively less in proportion from the first to the last-mentioned year. Of the 119 individuals operated on, 32 were of ages between 15 and 25 (4 only being under 20 years of age,) 55 from 25 to 40, and 32 between 40 and 60 years old (only 3 being more than 51 years old.) Only 12 of the whole 119 were females. Sedentary occupations, and whatever is productive of habitual constipation, have been considered fruitful causes of fistula; but the evidence elicited from the individuals suffering from the disease was by no means corroborative of such statements. The patients included indifferently sawyers, carpenters, masons, bakers, porters, and other persons accustomed to perpetual exercise, as well as tailors, bootmakers, cutlers, cabinet-makers, and others employed in sedentary pursuits. Some connection of fistula with a tuberculous diathesis seemed, however, to be apparent.—*Lancet, from Gaz. Med. de Paris.*

CONSERVATION OF MISTURA FERRI COMPOSITA.

Mr. Strutton, in the "Chemical Gazette," gives the following formula for the mistura ferri composita, by which its decomposition may be prevented:—

Myrrh, two drachms;
Carbonate of potash, one drachm;
Rose water, fifteen and a half ounces;
Spirits of nutmeg, an ounce;
Sugar, two ounces. Mix according to the Pharmacopœia and dissolve.

Sulphate of iron, two and a half scruples, dissolved in two and a half ounces of rose water.

When required, add to seven drachms of the first mixture, one drachm of the latter, which saves the trouble of preparing it for every prescription, and is equal to the mixture being fresh made every time it is wanted.—*Prov. Med. Journ.*

IODURATED SYRUP OF SARSAPARILLA.

M. Ricord is in the habit of employing the following formula in the treatment of tertiary syphilis:—

Syrup of sarsaparilla, five hundred scruples;
Hydriodate of potass, sixteen scruples.

He commences with three teaspoonfuls a-day (morning, noon, and night,) and gradually carries

the dose to twelve spoonfuls. Each dose is given in a glassful of the decoction of saponaria, hops, &c.
Ibid, from Gaz. des Hopitaux.

QUININE IN TRAUMATIC FEVER.

A case has lately occurred in the Hôpital des Enfans at Paris, in which M. Guersant has employed, with entire success, the sulphate of quinine in the treatment after amputation of both lower extremities. The patient, a poor boy, whose limbs had been frozen by exposure during a winter's night, and afterwards most injudiciously bathed in hot water, was brought to the hospital, the limb exhibiting a discoloured spotty appearance, and other symptoms of incipient gangrene. This condition in six days, notwithstanding the application of bark-poultices and bottles of hot water to the extremities, so greatly increased as to render necessary an immediate amputation of both legs. The operation was successfully performed, and with little suffering to the patient, who gradually recovered, though not without indications of considerable fever and erysipelatous inflammation, both of which were subdued by doses of sulphate of quinine, amounting to twelve grains in a day. M. Guersant cites other cases, also, in which he has employed the same medicine with success, in all of which the leading feature was purulent reabsorption.—*London Lancet, from Gazette des Hôpitaux, March* 14.

PATHOLOGY AND TREATMENT OF RICKETS AND MOLLITIES OSSIUM.

The diseases which exert the greatest influence over the condition of the bones, altering them from their normal state, are scrofulous affections, to which rickets and mollities ossium may be considered as belonging. In these two diseases, the earthy matter of the bone becomes diminished, and the bone falls into a state such as if it had been macerated in muriatic acid; supple, flexible, and ill adapted to serve as a support to the other organs of the body. The cartilage itself submits to an essential alteration, and is incapable of being converted by boiling into gelatine.

Concurrently with these changes, phosphate of lime is eliminated in large quantities with the urine. This salt, otherwise little soluble, and discharged generally only in small quantity by the kidneys, is according to Berzelius, readily soluble in lactic acid; anything, therefore, which causes a superabundance of this acid in the system is capable of depriving the organism of a large share of the earthy matter of the bones. Sugar of milk, grape sugar, starch, and gum, are readily converted into lactic acid, but they are so in the stomach only when digestion is ill-performed, in which case lactic acid may be an abundant product in the system.

Rickets and mollities ossium, therefore, are not essentially diseases of the bones, but seem to be results of imperfect digestion or nutrition; to improve which is consequently our first indication. None of the substances readily converted into lactic acid should be taken, as sugar, starch, gum, &c., nor even milk (rickets are often the consequence of children having been too long suckled,) but animal food and such other as is freely digestible should be chosen, in aid of which we ought to employ such medicines as may restore the general tone of the system.—*Lancet, from Marchand, in Journ. de Pharm. et de Chimie.*

On the Characters and Structural Peculiarities of a group of Morbid Growths in which cancerous affections are included. By Dr. Hodgkin.

This paper was in continuation of a subject which had already been brought before the Royal Medical and Chirurgical Society on a former occasion by the same writer.

After describing the different appearances revealed by the improved microscopes of the present day, the author endeavored to connect the nucleated cells, which Miller has shewn to exist in these structures, with the production of those compound cysts which were described in the former paper, and pointed out as affording the type of the adventitious structures referred to.

The following are the conclusions which the author is desirous of drawing from the observations contained in the paper:—

1st. The unrestricted confirmation of the views contained in the former paper as to the existence of the type of compound serous cysts in the adventitious structures referred to. The author had not only found it in man, but in several of the inferior species of mammalia, and in birds. Several able observers had, on examination, coincided with his views, and he mentioned the late Professor Delpech, and the present Professor Rokitanski, having personally informed him of their having, independently, been induced to adopt his views.

2d. That the microscopic examination of these tissues, though extremely interesting, does not furnish perfectly conclusive tests of any particular form of adventitious structure to which a specimen may belong, but that it demonstrates the application of the nucleated cell theory, whilst it is fatal to that of cancerous matter being formed in the blood and eliminated at the spots at which the tumors become manifest. It therefore furnishes an important argument in favor of operation, though other practical considerations require to be attended to before operation is decided on.

3rd. That to have a complete view of the mode of production of these structures, we must combine the cell theory of Schwann and Müller, the coagulation principle which the author had previously suggested, and the process of organization investigated by Mr. Kiernan—three stages of development which appear to occur in the order just enumerated; and that none of the phenomena, taken singly, is an adequate test of malignancy, which, as stated in his first paper, must be regarded as the sum of several characters.

4th. That chemical analysis, though extremely important and interesting, affords an imperfect and inadequate criterion, as the principles concerned may vary or be changed in the progress of development.

5th. That, in operating for the removal of a tumor of this class, it is extremely important to leave behind none of those minute cysts which often form granules in the surrounding cellular membrane, though it may appear in other respects perfectly healthy. This appears to be a mode of extension of the disease independent of inflammation.

6th. That experience teaches us that the infiltrated form of these diseases occur in the structures in the neighborhood of the purely adventitious growth, when these structures have been the seat of inflammation, and that the chances of success from operation are consequently infinitely diminished when such surrounding inflammation has taken place. The presence of the peculiar matter of the disease in the interior of the vessels appears to be one of the modes in which infiltration, the result of inflammation, ex-

hibits itself, and is, therefore, not a valid argument in favor of the pre-existence of such matter in the circulating blood.—*London Medical Gazette*, June 23, 1843.

NEW LIMITS FOR THE PERIOD OF LACTATION.

Dr. Loudon, in a recently published work on population, has named the period of three years as that during which the infant should receive its nourishment by lactation. His argument is the following: "Of all mammiferæ, none is so long as man in being able to sustain itself upon its legs, in reaching the age of puberty and adult age, and, taking his size into consideration, none is endowed with a longevity comparable with his. Man is completely developed at 21; few men have lived till 150. Now, if we divide the first number by 7, and the second by 49, we shall find that the period of lactation for the human race ought to be three years."—*Provin. Med. Journ.* June 24, 1843.

DIAGNOSTIC SIGN OF DISLOCATION OF THE THIGH-BONE INTO THE ISCHIATIC NOTCH.

Mr. Syme has recently narrated, in the "London and Edinburgh Monthly Journal," a case where the occurrence of the dislocation was determined by the presence of a particular sign, which appears to be of much importance in the diagnosis of a dislocation which Sir Astley Cooper has described as "the most difficult both to detect and reduce." There is less deformity and fixture of the limb than in any other of the displacements of the thigh-bone. "This obscurity (says Mr. Syme) is much increased by attempts to effect reduction, since a moderate degree of extension almost entirely removes the shortening and inversion, which are usually considered the most characteristic symptoms. I think it, therefore, of consequence to state, that there is another feature of the injury which, according to my experience, is never absent—always well marked—and not met with in any other injury of the hip-joint, whether dislocation, fracture, or bruise. This is an arched form of the lumbar part of the spine, which cannot be straightened so long as the thigh is straight, or in a line with the patient's trunk. When the limb is raised or bent upwards upon the pelvis, the back rests flat upon the bed; but so soon as the limb is allowed to descend, the back becomes arched as before. By attention to this symptom, I have been enabled to recognise the existence of dislocation into the ischiatic notch, when it had been unnoticed by others; and, on one occasion, when it was supposed that the replacement had been effected through powerful extension by the pulleys."—*Provin. Med. Journ.* June 24, 1843.

UREA DISCOVERED IN THE BLOOD DURING THE EXISTENCE OF PULMONIC INFLAMMATION.

Dr. F. Simon, having taken the coagula afforded by six bleedings performed upon males and females laboring under inflammation of the lungs, with a view of procuring a quantity of hæmato-globuline, found that, by the action of alcohol, &c., and, finally, the addition of nitric acid to the alcoholic extract, and desiccation under the air-pump, he procured a crop of crystals, which, under the microscope, presented themselves as an aggregate of rhombic tables, and which he discovered to be the nitrate of urea.—*Ibid, from Müller's Archiv.*

STATISTICS OF CANCER.

The following are results of researches on the prevalence of this disease throughout France, which have been made with much care and accuracy on the part of M. Le Roy d'Etiolles:—

Of 2781 cases occurring in the practice of 174 surgeons, 1227 happened in individuals above forty, and 1061 to others above sixty years of age. The cases of cancer of the uterus were about thirty per cent.; of the breast twenty-four per cent. Cancer of the mouth was in women only as one to one and a half per cent., while in men (probably from the use of the tobacco-pipe) it was as much as twenty-six per cent. Cancers supposed to have been of hereditary transmission figured only as 1 in 278 (?); while those induced by scrofula were as 1 in 10; and by syphilis as 1 in 5.

The most useful part of the inquiry is that which is brought to bear upon the utility or otherwise of operating on cancers. Out of 1172 patients not operated on, 18 lived for more than thirty years after the first appearance of the disease; while out of 801 operated on by excision or caustic, the existence of only 4 was prolonged for a similar lapse of time; 14 patients operated on, and 34 not operated on, lived for a period of from twenty to thirty years; and 88 in the first category, and 228 in the second, lived from six to twenty years after the first appearance of the disease. The ordinary duration of life after this period among persons not operated on, is said to be five years for men, and five and a half for women; while among those operated on, it is no more than five years and two months for men, and six years for women.

From these results the natural conclusion is that the ablation of cancer (leaving out of account the risks attending the operation itself) does little, even when successful, to prolong life, and is therefore (in France, at least) of very questionable utility. Results like these, startling as they may seem, and however they may demand subsequent corroboration, are, at least, indications of the light which statistical science is enabled to throw upon the actual and relative value of many of the aids in medicine and surgery, of which we at present avail ourselves.—*Ibid.*

INFLUENCE OF THE SEASONS ON DISEASES AND MORTALITY.

Dr. W. A. Guy, of King's College, has recently taken considerable pains to ascertain the extent of influence which the *seasons* and the *weather*, in this country, especially in London, exercise in the production or the aggravation of disease and mortality, and in the May number of the "Journal of the Statistical Society of London," has published the facts bearing on the subject, which he has collected. The deductions which he makes from these are, "that there is no relation, whether direct or inverse, between the mortality and any single condition of the air, but that the sickness follows the exact order of the temperature and dew-point, varying directly as each of them.

"That the disorders which determine the order of the quarters in respect of sickness, or which may be said to govern the law of sickness, are the febrile affections, catarrh, the contagious exanthemata, and disorders of the digestive organs; to which may be added scrofula, gout, dropsy, &c. These prevail chiefly in the third and first quarters of the year. The diseases of the organs of respiration follow pre-

cisely the inverse order of those already named, being most prevalent in the second and fourth quarters; and these are the diseases which chiefly govern the order of mortality.

"As a general rule, but one admitting of many exceptions, it may be stated, that the amount of sickness tends to vary directly, and the amount of mortality inversely, as the temperature.

"No class of diseases has been found to follow the order of the total mortality; in other words, there was no class of diseases that by the great difference in the mortality which it occasioned in the several quarters of the year might be said to determine or govern the total mortality. The deaths, however, from diseases of the organs of respiration and from old age followed the order of the total mortality, except that the second and third quarters were inverted.

"Were it not for the excessive mortality during the summer months, the deaths from diseases of the chest, coupled with those from old age, would have governed the mortality; and it is highly probable that if a severe winter were to coincide with a mild summer, this would prove to be the case.

"It would appear that on an average of a number of years the mortality for the metropolis corresponds with that for the entire kingdom, inasmuch as the first quarter is the most fatal, and the third the least fatal, but that the place of the second and fourth quarters is inverted, the autumn being most fatal in the metropolis, and the spring in the country generally."—*Ibid.*

PARALYSIS OF THE BLADDER CURED BY THE TINCTURE OF CANTHARIDES.

A patient was lately admitted into the Hôpital de la Pitie with paralysis of the bladder, for the relief of which all ordinary methods of treatment had failed. M. Lisfranc ordered the direct application of tincture of cantharides to the bladder by the following mode: One drop of the tincture was let into the organ through a catheter, and followed by an injection of simple lukewarm water. Next day two drops were similarly instilled, and the like operation was repeated night and morning for several succeeding days, an additional drop of the tincture being added on each successive occasion. By this method of treatment a cure was soon effected. M. Lisfranc found no perceptible local irritation to result from the use of the tincture in an undiluted form, while the direct application of the remedy to the organ affected was clearly preferable, in every respect, to its internal administration.—*Ibid.*

ANATOMY OF THE GANGLIONIC NERVES.

The researches of Volkmann and Bidder have confirmed—what, indeed, the march of science had previously caused to be little doubted by physiologists—that the ganglionic or sympathetic is not a mere offset from the cerebro-spinal nervous system, but an independent system of itself. The above anatomists have, by the aid of the microscope, verified a great difference in the arrangement of the nervous fibrillæ in the two systems. The fibrillæ of the sympathetic nerves are distinguished from those of the spinal cord, by being paler, thinner, and containing less granular matter. Collected in bundles they have a greyish-yellow tinge. Where they communicate with the spinal nerves, the fibrils of each system of nerves may be distinctly traced by the aid of the microscope. Those of the sympathetic system are seen not only to penetrate to the centre of the spinal nerves, but to spread themselves around the circumference of the latter, where, by a careful measurement, the greater number are found to be distributed. If the sympathetic nerves originated from those of the spinal cord, say Volkmann and Bidder, we ought to find fibrils belonging to them in the roots of the spinal nerves. Now, if these roots be examined, scarcely one *sympathetic* among fifty medullary fibrils will be found; though they ought in such a case to be met with there in greatest number. The sympathetic nerves in reality originate in the ganglia; but not only the ganglia of the sympathetic cord, but those also on the posterior branches of the spinal nerves. These latter ganglia especially give origin to the sympathetic filaments destined to unite with the posterior ramifications of the spinal nerves, a fact which gives probability to the hypothesis of Weber respecting the use of the spinal ganglia.—*Ibid, from Froriep's Notizen.*

USE OF ELDER-BARK IN CHRONIC DROPSIES.

The decoction and extract of this vegetable substance are reported to be remarkably efficacious as hydragogues, producing so speedy an effect on the urinary and fæcal secretions as to make it needless to use more than two or three applications. The proportions for the decoction consist of a couple of handfuls of the bark to a quart of water: dose, a wine-glassful a day. The extract is administered in France in the form of pills, of one and a half grain each, of which from six to ten are taken in the twenty-four hours.—*Ibid, from Journ. de Med. et de Chir. Pratique.*

Dr. Frampton has just made public a new and elegant method of testing the presence of corrosive sublimate, grounded on the known affinity of silver for mercury. He added a grain of bichloride of mercury to four ounces of tea with sugar and milk; then boiled this mixture with salver dust, and poured off the supernatant fluid. The residue was boiled with liquor potassa for the removal of organic matters; and liquor ammoniæ was next added to dissolve the chloride of silver formed. The sediment was now washed and dried, and on placing it in the bulb of a tube and applying heat, a ring of globules of metallic mercury collected around the neck of the tube. Dr. Frampton procured similar results by operating in the same manner on mixtures of the bichloride with a solution of gelatine, and with sanguinolent serum from a hydrocephalic subject; but in these cases muriatic acid was employed to acidulate the mixture before the addition of the silver. The silver should for convenience be moistened with a little distilled water before being added to the mixture.—*Ibid.*

TEST FOR IODINE IN MINERAL WATERS.

M. Boujean, of Chamberg, affirms that nitric acid is the most effective test for iodine, when contained in a mineral water. It is twenty times as delicate as chlorine. With the aid of nitric acid, M. Boujean discovered iodine in the sulphur springs of Chevillard, near Aix, in which its existence was not discoverable by any other means, and also in aqueous solutions of sponge, lichen islandicus, fucus, &c., after having cleared the solution by means of charcoal.—*Provin. Med. Jour.*